PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

				- December	·				_ 1	9	541	401
		CLA	IMS AS FI	AS FILED - PART I			SMAL	ſΥ		01	HER TH	
ŀ				(Column 1)	(Column 2)		TYPE			Of	R SM	ALL ENT
ŀ	U.S. NATIONAL STAGE FEES						RA	TE	FEE	7	RAT	E
BASIC FEE			SMA	LL ENT. = \$ 150	LARGE ENT = \$ 300		BASIC FEE				BASIC FE	£ 3
Ε	EXAMINATIO			s PCT Article 33(1)- ≈ \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200 All other situations = \$ 250 / \$ 500		EXAM FEE SEARCH FEE			1	EXAM. FE	_
s	EARCH FEE		ALLO	SA = \$50/\$ 100 other countries = 200/\$400							SEARCH I	EE /
F	EE FOR EXT	RA SPEC. PGS.		minus 100 =	/ 50 =	X \$ 125		5 =			X \$ 250	
Γ	OTAL CHARC	SEABLE CLAIMS	9	minus 20 = .		7	X \$ 25 =			OR	X \$ 50	
71	DEPENDENT	CLAIMS	1	minus 3 = .		X \$ 10) =	\neg	OR	X \$ 200	
IL	JLTIPLE DEP		7	+\$ 180	=	\neg	OR	+ \$ 360	=			
If the difference in column 1 is less than zero, enter "0" in column 2						_1	TOTAL		 ,	L DR	TOTAL	90
	1	(Column 1		ED - PART II (Column :	2) (Column 3)		SMALI	L ENTIT	Y C)R		R THAN . ENTITY
		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADI TION FEI	IAL	\int	RATE	ADDI TIONA FEE
	Total	<u> </u>	Minus	••	=		X \$ 25 =		0	₹ 📑	X \$ 50 =	1
	Independent	<u></u>	Minus	***	=		X \$ 100 =		Of	₹ X	\$ 200 =	1
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				и 🔲	- [-	+ \$ 180 =		OF	+	\$ 360 =	
						TO	PEE		ÖR	101	TAL ADDIT. FEE	
		(Column 1)		(Caluma 2)	(C-1, 0)			-			•	
		CLAIMS REMAINING AFTER AMENOMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		_	RATE	ADDI- TIONAL FEE
Te	otal	•	Minus	44	=	X	\$ 25 =		OR	X	\$ 50 =	
a	dependent	•	Minus	•••	=	X	\$ 100 =		OR	X \$	200 =	
f	IRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		1 +:	\$ 180 =		OR	+\$	360 =	
_									OR		LADDIT.	
er Erc	e Tiighest Num Tiighest Numi	n 1 is less than the o ber Previously Paid ber Previously Paid is er Previously Paid F	For IN THIS SP For IN THIS SP	ACE is less than '20', ACE is less than '3',	, enler "20". enler "3".	• ••••			-		_	

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